APPLICATION FOR MEMBERSHIP ON STATE BOARD OF EDUCATION

Name of student:				
Address of student:	-			
	Street	City	Zip	
School district of en	rollment:			
Number of years en	rolled in district:	Number of years residi	ng in Iowa:	
Name of high schoo	ıl:			
Present grade level:		Date of birth:	:	_
Cumulative high sch	nool grade point average a	as of end of 1st semester,	2005-2006:	
Verified by	re and title of appropriate	district officer)	on	·
Attach the following 1. District approval 2. Consent form con 3. Recommendation received instruction, person. Total of thr 4. Typed or printed a. Describ b. Explain	form completed and sign mpleted and signed by part forms completed and sign, an adult familiar with the decay (maximum of one get) eyour interest in serving how your presence on the	ed by superintendent or strent or guardian. gned by a high school teace applicant's community page) specifically address on the State Board of Edie Board would benefit Io	cher from whom the apactivities, and any other sing the following areasucation, wa's education system	er third s:
	s how you can represent a form describing the appli			
appointed, I pledge	application, I certify that that I will support the licipation to the best of m	Board and the Iowa Dep		
Date		Signature of Student	Applicant	_
Postmark or hand-de	eliver application and all	attachments <u>on or before</u>	February 1, 2006, to	Iowa

Department of Education, Carol Greta - Legal Consultant, Grimes State Office Building, Des Moines, IA

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50319-0146.

APPLICANT'S COMMUNITY AND EXTRACURRICULAR ACTIVITIES

HIGH SCHOOL EXTRACURRICULAR ACTIVITIES:

Describe Activity	Grade Level(s)	Honors achieved through activity	Position(s) held, if pertinent	Other desired pertinent information
		V		

COMMUNITY (NON-SCHOOL) ACTIVITIES WHILE IN HIGH SCHOOL:

Describe Activity	Mo/Yr -		Position(s) held,	Other desired
	Mo/Yr*	activity	if applicable	pertinent information

^{*}Just checkmark box if this was a one-time activity that did not take place over a period of weeks or months.